



CITY OF LINCOLN
NEBRASKA

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

LINCOLN
The Community of Opportunity

MAYOR COLEEN J. SENG

lincoln.ne.gov

July 14, 2006

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of CVS Pharmacy which has purchased locations previously known as Osco Drug. CVS Pharmacy is requesting class C liquor licenses for the following locations.

5500 South 56 th Street	130 North 66 th Street
1401 Superior Street	2711 South 48 th Street

CVS Pharmacy has requested that Donald Westerlin be approved as the manager of these four licenses.

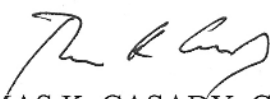
Background information on Mr. Westerlin will be omitted as Council has previously approved this applicant.

For Councils information if issued the class C liquor licenses allow for on premise consumption. It has been stated that the request for the class C liquor license is to be used for sampling purposes only.

If this application is approved the Lincoln Police Department requests the following conditions be added to the liquor license:

The on premise consumption of alcohol shall be limited to samplings of 2 ounces or less of any alcoholic beverage.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





FILED

PH: 8/21/06

STATE OF NEBRASKA

Dave Heineman
Governor

JUL 12 2006

CITY CLERK'S OFFICE
LINCOLN, NEBRASKA

July 11, 2006

NEBRASKA LIQUOR CONTROL COMMISSION

Hobert B. Rupe

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.lcc.ne.gov/>City Clerk of Lincoln
City/County Building
555 S 10 Street
Lincoln, NE 68508CVS/Pharmacy 8616
5500 So. 56th Class CAG-074455
180

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) Publicize one time not less than 7 days not more than 14 days prior to date of hearing.
- 2) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body,
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS, AND A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION
Jackie B. Matulka
Licensing Division

Enclosures

Rhonda R. Flower
CommissionerBob Logsdon
ChairmanR.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12/99

73048

APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

RECEIVED

JUN - 1 2006 MAY 04 2006

NEBRASKA LIQUOR CONTROL COMMISSION

OFFICE USE ONLY

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | Beer, On Sale Only | \$45.00 |
| <input type="checkbox"/> | B | Beer, Off Sale Only | \$45.00 |
| <input checked="" type="checkbox"/> | C | Beer, Wine & Distilled Spirits, On & Off Sale | \$45.00 |
| <input type="checkbox"/> | D | Beer, Wine & Distilled Spirits, Off Sale Only | \$45.00 |
| <input type="checkbox"/> | I | Beer, Wine & Distilled Spirits, On Sale Only | \$45.00 |

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

MISCELLANEOUS

- | | | | | |
|--------------------------|---|--|----------|-----------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 | Bond 1,000 min. |
| <input type="checkbox"/> | O | Boat | \$ 95.00 | N/A |
| <input type="checkbox"/> | V | Manufacturer, Beer, Wine & Distilled Spirits
(additional fee of \$100 to \$1,000-call for exact amount) | \$ 45.00 | 10,000 min. |
| <input type="checkbox"/> | W | Wholesale Beer | \$545.00 | 5,000 min. |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 | 5,000 min. |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 | 1,000 min. |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License, requires insert form 1
- ☐ Partnership License, requires insert form 2
- ☒ Corporate License, requires insert form 3a and manager application 3b

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: Lorene Samson

Phone: (573) 635-7166

Firm Name: Brydon, Swearengen & England

Firm address: PO Box 456, Jefferson City, MO 65102

Atty 13018
180 3 of 4 - mm
2x-mm
Bus 45-mm

PREMISE INFORMATION

Trade Name (doing business as) CVS/Pharmacy #8616

Street Address #1 5500 South 56th St.

Street Address #2 _____

City Lincoln

County Lancaster

#2

Zip Code 68516

Telephone number at premise to be licensed (402) 423-6510

Is this location inside the city/village corporate limits:

☒ YES

☐ NO

city

Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: Licensing Dept.-Mail Drop 23062A

Street Address #1 One CVS Dr.

Street Address #2 _____

City Woonsocket, RI

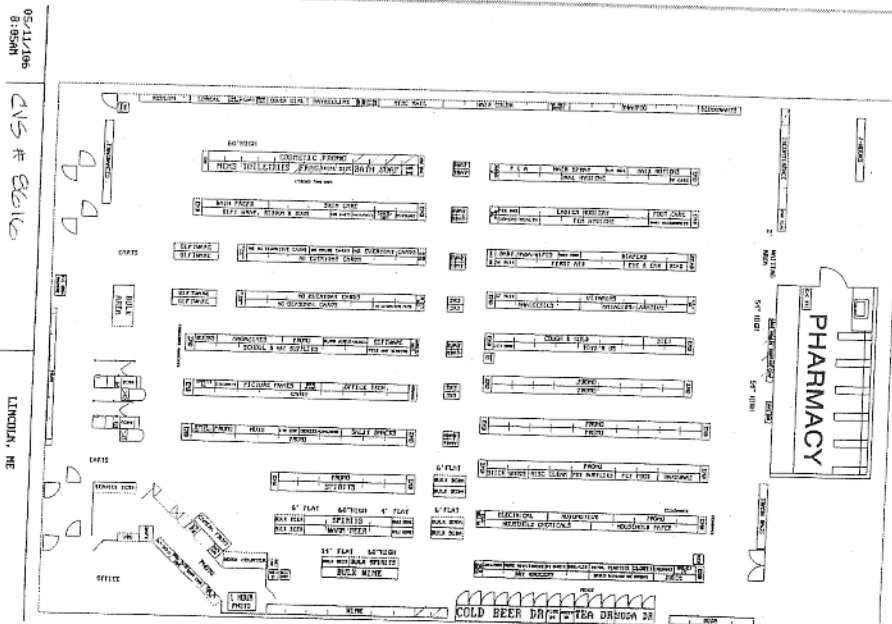
County _____

Zip Code 02895

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

X ✓
must submit
a new drawing



FAX TRANSMISSION

BRYDON, SWEARENGEN & ENGLAND, P.C.

312 East Capitol Avenue

Jefferson City, MO 65101

573/635-7166

Fax: 573/635-0427

SamsonL@brydonlaw.com

06-21-06A03:28 RCVD

To: Jackie Matulka

Date: June 21, 2006

Fax #: 402-471-2814

Pages: 1, including cover sheet

From: Lorene Samson

Subject: CVS/Pharmacy

Sorry for the delay in getting this information to you, the store dimensions are as follows:

CVS 8610 - 117'3" x 121'5"

CVS 8626 - 111'5" x 174'2"

CVS 8615 - 122'7" x 123'8"

CVS 8616 - 94'1" x 154'0"

Thank you and please let me know if you should need any additional information.

The information contained in this facsimile message is a privileged and confidential attorney/client communication. It is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this fax in error, please immediately notify us by telephone, and return the original message to us at the above address via the U.S. Mail.

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ Yes If yes, please explain below or attach a separate page.
☐ No

X 9
2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

☒ Yes → See attached list.
☐ No
Current business name and license number _____

fixtures & furniture

Replacing 63388

✓
3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. Please note: This agreement is not effective until Commissions assigns you a 3-digit ID number.

☐ Yes
☒ No

✓
4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

☐ Yes
☒ No

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.



Yes CVS Pharmacy, Inc. if the 100% owner of Nebraska CVS Pharmacy, LLC



No

OK appears to be controlling corp

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.



Yes



No

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)



Yes



No

8. Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.



Yes



No

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.



Yes



No

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

*US Bank - Cleveland, OH for Deposits
→ Carole Denale & Judith Person*

*Bank of America - Cleveland, OH for checks
→ David Rickard*

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held. *See Attached*

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

Don Westerlin

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

Current manager - Full Time alcohol manager - 40 hrs week
for 34 years.

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒
☐
☐

Lease: expiration date On file - see Lease Assumption, will supplement a signed copy.
Deed
Purchase Agreement

15. When do you intend to open for business? 6/2/06

16. What will be the main nature of business? What are the anticipated hours of operation?

Pharmacy/Retail

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
3906 Village Ct., Lincoln, NE 68516 - Don Westerlin	1991	2006	
- See attached			

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

RECEIVED

JUN - 1 2006

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license as the owner and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

NEBRASKA LIQUOR
CONTROL COMMISSION

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

X	(sign here)	X	(sign here)
X	(sign here) T. J. Laskowsky	X	(sign here)
X	(sign here)	X	(sign here)
X	(sign here)	X	(sign here)
X	(sign here)	X	(sign here)
	(sign here)		(sign here)

Subscribed in my presence and sworn to before me this

27th day of April, 2006


Notary Public Signature & Seal

Joyce Willis
State of Rhode Island
My Commission Expires 09/29/07

In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010
REV. 4/05

APPLICATION FOR LIQUOR LICENSE
CORPORATION MANAGER - FORM 3b
MUST BE A NEBRASKA RESIDENT

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: <http://www.lcc.ne.gov/>

RECEIVED

JUN - 1 2006

RECEIVED

NEBRASKA LIQUOR MAY 04 2006
CONTROL COMMISSION

NEBRASKA LIQUOR
CONTROL COMMISSION

LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION Nebraska CVS Pharmacy, L.L.C.

CLASS & LICENSE NUMBER _____

TRADE NAME CVS/Pharmacy #8616

STREET ADDRESS 5500 South 50th St. CITY Lincoln

X 38
SIGNATURE OF CORPORATION PRESIDENT/CEO

APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)

NAME Don Westerlin

ADDRESS 3906 Village Ct.

CITY Lincoln

STATE NE

ZIP CODE 68516

HOME PHONE NUMBER (402) 423-1987

BUSINESS PHONE NUMBER (402) 477-9288

SEX ☒ MALE ☐ FEMALE

SOCIAL SECURITY NUMBER [REDACTED]

DATE OF BIRTH [REDACTED]

PLACE OF BIRTH Norfolk, NE

X DRIVERS LICENSE NUMBER & STATE [REDACTED] NE

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

X SPOUSE NAME Mary

SOCIAL SECURITY NUMBER [REDACTED]

DATE OF BIRTH [REDACTED]

X DRIVERS LICENSE NUMBER & STATE [REDACTED] NE

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? **IF YES**, for what premise give license number and date. Currently manager on Osco Drug license #18397, 41566, 63388, 63389

☒ YES ☐ NO

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

☐ YES ☒ NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

☒ YES ☐ NO

Don's prints on file 6-19-04

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE							
APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE		YEAR FROM TO	
3906 Village Ct. Lincoln, NE		1992	Present	3906 Village Ct. Lincoln NE		1992	Present
EMPLOYERS - LIST LAST TWO EMPLOYERS							
MONTH/YEAR FROM TO		NAME OF EMPLOYER		NAME OF SUPERVISOR		TELEPHONE NUMBER	
7/92	Present	Osco Drug		Stan Petersen		913-383-3650	

RECEIVED RECEIVED

MAY 04 2006

**PERSONAL OATH AND CONSENT OF INVESTIGATION
MUST BE SIGNED BY APPLICANT & SPOUSE**

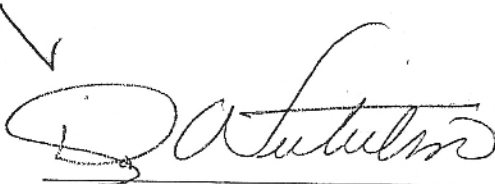
JUN - 1 2006

NEBRASKA LIQUOR CONTROL COMMISSION

The above individual(s), being first duly sworn upon oath, deposes and states that the contents of the foregoing application, that said application has been read and that the contents thereof are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.



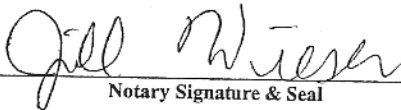
Signature of Applicant



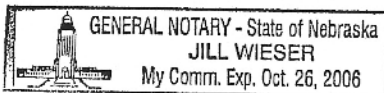
Signature of Spouse

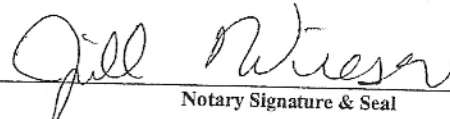
Subscribed in my presence and sworn to before me this 1st
day of May 2006

Subscribed in my presence and sworn to before me this 1st
day of May 2006

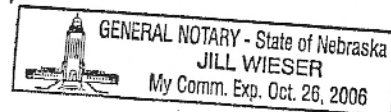


Notary Signature & Seal





Notary Signature & Seal



APPLICATION FOR LIQUOR LICENSE
CORPORATION/LLC INSERT - FORM

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: <http://www.lcc.ne.gov/>

RECEIVED RECEIVED

JUN - 1 2006

MAY 04 2006

NEBRASKA LIQUOR CONTROL COMMISSION
NEBRASKA LIQUOR CONTROL COMMISSION

Name of Corporation or Limited Liability Company that will hold license. Attach copy of
Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office)

Nebraska CVS Pharmacy, LLC

Corporate Street Address: One CVS Drive

City: Woonsocket

State: RI

Zip Code: 02895

Corporate Telephone Number 401-765-1500

Total number of shares issued (if corporation)

Is this a Non Profit Corporation?

☐ YES

☒ NO

If yes, what is your Federal ID #?

Name of Registered Agent CT Corporation System - 818 W. 7th St., Los Angeles, CA 90017

Name of Proposed Manager Don Westerlin

This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: Lankowsky

First Name: Zenon

MI

Address Street 4 Francis Farm Rd.

City Harrisville

State RI

Zip Code 02830

Home Phone number 401-765-1500

Social Security Number

Date of Birth

someone must be designated for this area
Assuming Zenon is?

List names of all Officers, Directors, Stockholders, Members and their Spouses

Last Name Lankowsky First Name Zenon

Social Security Number [REDACTED] Date of Birth [REDACTED]

Title President Number of Shares 0

Spouse Name (indicate N/A if single) Carol Ann (Miller) Lankowsky

Spouse Social Security Number [REDACTED] Date of Birth [REDACTED]

Title Spouse Number of Shares 0

Last Name Moffatt First Name Thomas

Social Security Number [REDACTED] Date of Birth [REDACTED]

Title Secretary Number of Shares 0

Spouse Name (indicate N/A if single) Alexandra (McDonald- Swift) Moffatt

Spouse Social Security Number [REDACTED] Date of Birth [REDACTED]

Title Spouse Number of Shares 0

Last Name Cimbron First Name Linda

Social Security Number [REDACTED] Date of Birth [REDACTED]

Title Assistant Secretary Number of Shares 0

Spouse Name (indicate N/A if single) Paul S. Cimbron

Spouse Social Security Number [REDACTED] Date of Birth [REDACTED]

Title Spouse Number of Shares 0

signed
app
submitted
prints

Asking for
a waiver

signed
app
submitted
prints

Asking for
a waiver

signed
app
submitted
prints

Asking for
a waiver

RECEIVED

JUN - 1 2006

NEBRASKA LIQUOR
CONTROL COMMISSION

Last Name Luker First Name Melanie

Social Security Number 038-40-9380 Date of Birth [REDACTED]

Title Assistant Secretary Number of Shares 0

Spouse Name (indicate N/A if single) Robert B. Luker

Spouse Social Security Number 035-38-2667 Date of Birth 07/19/1952

Title Assistant Secretary Number of Shares 0

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

*Signed app
submitted
prints*

*Asking for
a waiver*

An organizational
chart listing officers
of the CVS Pharmacy Inc
must be submitted

RECEIVED

Is this Corporation or Limited Liability Company controlled by another Corporation?

☒ Yes ☐ No

MAY 04 2006

If yes, give name of corporation and supply organizational chart

CVS Pharmacy, Inc.

NEBRASKA LIQUOR
CONTROL COMMISSION

Indicate tax year with the IRS

Starting Date 01/01/2006 Ending Date 12/31/2006

X

Signature of President/Managing Member

Notary Public Signature & Seal

Joyce Willis

State of Rhode Island

My Commission Expires 09/29/07

Subscribed in my presence and sworn to before me this

27th day of APRIL, 2006

Notary Public Signature & Seal

Joyce Willis

State of Rhode Island

My Commission Expires 09/29/07

In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.